



Goldey-Beacom College

Internship Employer and Student Agreement Form

GENERAL INFORMATION *(to be completed by the student)*

Name of Student _____ Major _____

Name of Employer _____

_____ Semester _____ # OF CREDITS Start/End Dates of Employment _____ To _____

EMPLOYER SECTION *(to be completed by internship supervisor)*

The student has discussed the Internship requirements with me, and I understand that in order for the student to receive legal authorization to work, I must provide the following to the student:

1. Train in a job related to his/her major field of study.
2. Provide enough work assignments to complete 300 to 600 working hours by the end of the semester in which the student is enrolled for academic credit.
3. Submit a Verification of Employment letter typed on Company letterhead stating the detailed job description of the student's responsibilities which will include:
 - **Accurate and complete description of job duties/responsibilities**
 - **Additional projects assigned for the internship if the student is using his/her current job**
 - **Hours of work per week**
 - **Beginning and ending dates of internship equaling the amount of hours agreed upon for credit. (300 or 600 hours)**
4. Complete a written Evaluation Form and an Assessment Form on the student's performance, provided by the Career Services Office, and return in a timely manner.

Supervisor's Signature _____ Date _____

STUDENT SECTION *(to be completed by the student)*

I have discussed the Internship Program with the Career Services and my employer. I understand that in order to receive academic credit for my position, I must fulfill the following requirements:

1. Be trained in a job related to my major field of study.
2. Pay for the Internship credit(s) once Internship is officially approved.
3. Satisfactorily complete the required number of work hours (300 or 600) as agreed upon within the specified semester(s).
4. Fulfill all assignments related to my internship position as determined by the Career Services Office, the Chief Academic Officer and my employment supervisor.
5. Notify the Career Services Office in writing concerning any lost time in employment or change in employment status, supervisor and responsibilities.

I understand that if I fail to satisfy the requirements stated above, I may not receive academic credit for my position.

I also understand that I will be assigned a grade of P (satisfactory completion) or F (unsatisfactory completion) for my internship assignment based upon (a) the evaluation of my job performance by my employer and (b) the evaluation of other assignments by the Chief Academic Officer and Career Services Office.

Student's Signature _____ Date _____

Career Services Specialists' Signature _____ Date _____